Fill in this information to identify your case:				
Marcelo P.L. Dessin				
	First Name	Middle Name	Last Name	
Debtor 2	Donna M Coleman			
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the: District of Maryland				
Case number	25-10596 (If known)			

Check if this is an
amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

	Your assets Value of what you own
. Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$ <u>1,181,800.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 14,879.66
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>1,196,679.66</u>
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ 1,308,018.46
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 283,835.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$114,857.86
Your total liabilities	\$ <u>1,706,711.32</u>
Part 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$ <u>17,508.70</u>
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	_{\$} 13,991.10

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Marcelo Dessin & Donna Coleman

Debtor 1

irst Name Middle Name Last Name

9e. Obligations arising out of a separation agreement or divorce that you did not report as

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

25-10596 Case number (if known)

art 4: Answer These Questions for Administrative and Statistical Records		
Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this for Yes	rm to the court with your other schedules.	
What kind of debt do you have? ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an ifamily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. ✓ Your debts are not primarily consumer debts. You have nothing to report on this part of this form to the court with your other schedules.	es. 28 U.S.C. § 159.	
8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.		
Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :	Total claim	
From Part 4 on <i>Schedule E/F</i> , copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$283,835.00	
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 9d. Student loans. (Copy line 6f.)	\$	
	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this for Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an iffamily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.)	

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

0.00

0.00

347,637.00

Fill in this information to identify your case an	d this filing:	
Debtor 1 Marcelo P.L. Dessin First Name Middle Name	- I and Name	
Debtor 2 Donna M Coleman	Last Name	
(Spouse, if filing) First Name Middle Name	Last Name	
United States Bankruptcy Court for the: District of Maryland		
•		☐ Check if this is
Case number 25-10596		an amended filing
		9
Official Form 106A/B		
Schedule A/B: Prope	erty	12/15
category where you think it fits best. Be as co responsible for supplying correct information write your name and case number (if known).	items. List an asset only once. If an asset fits in momplete and accurate as possible. If two married per. If more space is needed, attach a separate sheet the Answer every question. In the control of	ople are filing together, both are equally o this form. On the top of any additional pages,
•	interest in any residence, building, land, or similar	
No. Go to Part 2	interest in any residence, building, land, or similar	property :
Yes. Where is the property?		
_{1 1} 424 Firestone Dr	What is the property? Check all that apply	Do not deduct secured claims or exemptions. Put the
1.1 424 Firestone DI Street address, if available, or other description		amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property:
	Condominium or cooperative	Current value of the Current value of the
Ashton MD 20861	☐ Manufactured or mobile home ☐ Land	entire property? portion you own? \$ 1,181,800.00 \$ 1,181,800.00
City State ZIP Code	☐ Investment property	\$ <u>1,181,800.00</u> \$ <u>1,181,800.00</u> Describe the nature of your ownership
Montgomony County	☐ Timeshare ☐ Other	interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
Montgomery County County	Who has an interest in the property? Check	Tenancy by the Entireties
	one	Charle if this is a supposed to the supposed to
	☐ Debtor 1 only ☐ Debtor 2 only	Check if this is community property
	Debtor 1 and Debtor 2 only	
	At least one of the debtors and another	
	Other information you wish to add about this property identification number:	item, such as local
	for all of your entries from Part 1, including any entri	
you have attached for Part 1. Write that nun	ber here	\$1,181,800.00
Part 2: Describe Your Vehicles		·
	interest in any vehicles, whether they are registered a vehicle, also report it on Schedule G: Executory C	
3. Cars, vans, trucks, tractors, sport utility v	rehicles, motorcycles	·
No		
✓ Yes		

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Marcelo P.L. Dessin & Donna M Coleman
First Name Middle Name Last Name

Debtor 1

3.1	Make:Acura			ns or exemptions. Put the
	Model:MDX		ount of any secured clair editors Who Have Claims	
	Year: <u>2017</u>	Debtor 2 only		
	Approximate mileage: 171495	Debter 1 and Debter 2 anh	Current value of the entire property?	Current value of the portion you own?
	Other information:	At least one of the debters and enother	9,510.00	\$ 9,510.00
	Condition:Fair;	Check if this is community property (see	9,510.00	\$ <u>9,510.00</u>
		instructions)		
3.2	Make:Mercedes Benz	Who has an interest in the property? Check		
0.2	Model:350	one Do	not deduct secured clain ount of any secured clair	ns or exemptions. Put the ms on Schedule D:
	Year: 2007		editors Who Have Claims	
	Approximate mileage:	Debtor 2 only	Current value of the	Current value of the
	Other information:		entire property?	portion you own?
	Condition:inoperable	At least one of the debtors and another \$	400.00	\$ <u>400.00</u>
		Check if this is community property (see instructions)		
		TVs and other recreational vehicles, other vehicles, and acces		
	· · · · · · · · · · · · · · · · · · ·	sonal watercraft, fishing vessels, snowmobiles, motorcycle accessor	ries	
	No Yes			
_	, 100			
_ Ad	d the dollar value of the portion you	own for all of your entries from Part 2, including any entries for	pages	# 0.010.00
J. yo	u nave attached for Part 2. Write tha	at number here		\$9,910.00
	-			
Part 3	Describe Your Personal an	a Housenola Items		
Do you	ı own or have any legal or equitab	le interest in any of the following?		Current value of the cortion you own?
6. н	ousehold goods and furnishings			Do not deduct secured
				claims or exemptions.
	Examples: Major appliances, furniture,	linens, china, kitchenware		
_	No			
<u>ا</u> -	Yes. Describe			
	Household goods and furnishings			
				\$ <u>1,900.00</u>
	ectronics			
E		io, video, stereo, and digital equipment; computers, printers, scanners es including cell phones, cameras, media players, games	; music	
_				
_	☑ No ☑ Yes. Describe			
Г	Household electronics			
	Household electronics			¢ 000 00
				\$ 800.00
8. C	ollectibles of value			
		ntings, prints, or other artwork; books, pictures, or other art objects;		
-		rd collections; other collections, memorabilia, collectibles		
	No			
G	Yes. Describe			
Γ	Misc. books, pictures and memorabilia	a		
				\$ <u>100.00</u>
_				

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Marcelo P.L. Dessin & Donna M Coleman
First Name Middle Name Last Name

Debtor 1

9.	Equipment for sports and hobbies		
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
	No ✓ Yes. Describe		
		İ	
	Misc sport and hobby items	\$ <u>100.00</u>	
10.	Firearms		
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment		
	☑ No		
	Yes. Describe		
11.	Clothes		
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
	No ✓ Yes. Describe		
	Used clothing		
		\$ <u>100.00</u>	
40	<u></u>		
12.	Jewelry		
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver		
	□ No		
	✓ Yes. Describe	i	
	Misc jewelry		
		\$ <u>100.00</u>	
13.	Non-farm animals		
	Examples: Dogs, cats, birds, horses		
	□ No		
	✓ Yes. Describe		
	Dog ("Sage")		
		\$ <u>Unknown</u>	
14.	Any other personal and household items you did not already list, including any health aids you did not list		
	No N		
	Yes. Give specific information		
15.	Add the dellar value of the parties you own for all of your entries from Dart 2, including any entries for pages		\$3,100.00
١	Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	>	$\Phi_{3.100.00}$
,	you have attached for Part 3. Write that number here	>	Φ3,100.00
	you have attached for Part 3. Write that number here	>	Φ <u>3,100.00</u>
Part	you have attached for Part 3. Write that number here	>	\$3,100.00
Part	you have attached for Part 3. Write that number here	Current valu	ue of the
Part	you have attached for Part 3. Write that number here		ue of the own?
Part Do y	Describe Your Financial Assets ou own or have any legal or equitable interest in any of the following?	Current valu	ue of the own?
Part Do y	Describe Your Financial Assets ou own or have any legal or equitable interest in any of the following? Cash	Current value portion you Do not deduce	ue of the own?
Part Do y	Describe Your Financial Assets ou own or have any legal or equitable interest in any of the following? Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition	Current value portion you Do not deduce	ue of the own?
Part Do y	Describe Your Financial Assets ou own or have any legal or equitable interest in any of the following? Cash	Current value portion you Do not deduct claims or exe	ue of the own?
Part Do y	Describe Your Financial Assets ou own or have any legal or equitable interest in any of the following? Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No	Current value portion you Do not deduce	ue of the own?
Part Do y	Describe Your Financial Assets ou own or have any legal or equitable interest in any of the following? Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No	Current value portion you Do not deduct claims or exe	ue of the own?
Part Do y	Describe Your Financial Assets ou own or have any legal or equitable interest in any of the following? Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No	Current value portion you Do not deduct claims or exe	ue of the own?

Debtor 1

Marcelo P.L. Dessin & Donna M Coleman Case number(if known) 25-10596

17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each. ✓ Yes..... Institution name: \$ 0.49 17.1. Checking account: Capital One 753 \$ 134.12 17.2. Checking account: M&T 101 \$ <u>48.87</u> 17.3. Checking account: Capital One (189) \$ 338.32 17.4. Checking account: M&T 485 \$ 854.11 17.5. Savings account: M&T 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ✓ No ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture Yes. Give specific information about them...... 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Yes. Give specific information about them........ 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately Type of account Institution name 401(k) or similar plan: Fidelity/Axion \$ 0.00 401(k) or similar plan: \$ Unknown 401(k) or similar plan: \$ 338.00 Johns Hopkins/Transamerica 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications ✓ No ☐ Yes..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ✓ Yes..... Issuer name and description: Prudential retirement annuity \$316.91/mo \$ Unknown 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ✓ No ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit **✓** No ☐ Yes. Give specific information about them...

Case 25-10596 Doc 13 Filed 02/20/25 Page 7 of 49 Marcelo P.L. Dessin & Donna M Colemar Case number(if known) 25-10596 Debtor 1 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ✓ No Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you **✓** No Tyes. Give specific information about them, including whether you already filed the returns and the tax years... Federal: \$ 0.00 State: \$ 0.00 Local: \$ 0.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes. Give specific information.... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ✓ No Yes. Give specific information.... 31. Interests in insurance policies No No Yes. Name the insurance company of each policy and list its value.... 32. Any interest in property that is due you from someone who has died Yes. Give specific information.... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Yes. Give specific information.... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ✓ No Yes. Give specific information.... 35. Any financial assets you did not already list ✓ No Yes. Give specific information... 36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here...... \$1,869.66 Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?	
✓ No. Go to Part 6.	
Yes. Go to line 38.	
Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.	

If you own or have an interest in farmland, list it in Part 1

page 5 of 6

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Debtor 1 Marcelo P.L. Dessin & Donna M Coleman First Name Middle Name Last Name Case number(if known) 25-10596

46. Do you own or have any legal or equitable interest in any far	m- or commercial fishing-	related property?	
✓ No. Go to Part 7.			
Yes. Go to line 47.			
Part 7: Describe All Property You Own or Have an Interest	st in That You Did Not	List Above	
53. Do you have other property of any kind you did not already I	ist?		
Examples: Season tickets, country club membership			
√ No			
Yes. Give specific			
information			
54. Add the dollar value of all of your entries from Part 7. Write that r	number here	>	\$0.00
			\$0.00
Part 8: List the Totals of Each Part of this Form			
55. Part 1: Total real estate, line 2		>	\$1.181.800.00
56. Part 2: Total vehicles, line 5	\$ 9,910.00		Ψ <u>1,101,000.00</u>
57. Part 3: Total personal and household items, line 15	\$ 3,100.00		
58. Part 4: Total financial assets, line 36	\$ <u>1,869.66</u>		
59. Part 5: Total business-related property, line 45	\$ <u>0.00</u>		
60. Part 6: Total farm- and fishing-related property, line 52	\$ 0.00		
61. Part 7: Total other property not listed, line 54	+ \$ <u>0.00</u>		
62. Total personal property. Add lines 56 through 61	\$ <u>14,879.66</u>	Copy personal property total➤	+ \$ 14,879.66
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$ 1.196.679.66
			,===,=:==

Fill in this information to identify your case:					
Debtor 1	Marcelo P.L. Des	sin			
20010	First Name	Middle Name	Last Name		
Debtor 2	Donna M Colema	n			
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the: District of Maryland					
Case number	25-10596		(,		
(If known)					

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt					
 Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) For any property you list on Schedule A/B that you claim as exempt, fill in the information below. 					
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption		
	Copy the value from Schedule A/B	Check only one box for each exemption			
424 Firestone Dr Brief description: Line from Schedule A/B: 1.1	\$ <u>1,181,800.00</u>	\$\frac{1,187,483.00}{100\% of fair market value, up to any applicable statutory limit	Md. Const. art. III, § 43; 11 USC § 522 (b) (3) (B) except to Joint Unsecured Creditors & IRS		
424 Firestone Dr Brief description: Line from Schedule A/B: 1.1	\$ 1,181,800.00	\$ 55,800.00 □ 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(2)		
Brief Household Goods - Household goods and furnishings description: Line from Schedule A/B: 6	\$_1,900.00	\$\frac{1,900.00}{100\% of fair market value, up to any applicable statutory limit	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(4)		
3. Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) ☑ No ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ No ☐ Yes					

Marcelo P.L. Dessin & Donna M Coleman
First Name Last Name

Debtor

Case number (if known) 25-10596

Additional Page

Duiof description of the property and line	-	Amount of the	Chanific laws that allow examption
Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Electronics - Household electronics Brief	\$ 800.00	₽ \$ 100.00	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (b)(4)
description:	\$	\$ 100.00 100% of fair market value, up to	
Line from Schedule A/B: 7		any applicable statutory limit	
Brief Electronics - Household electronics	\$800.00	\$ 700.00	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
description:	\$ <u>000.00</u>	100% of fair market value, up to	11 00 1 (1)(1)(1)(1)
Line from		any applicable statutory limit	
Schedule A/B: 7 Collectibles Of Value - Misc. books, pictures and			Md. Code Ann., [Cts. & Jud. Proc.] §
Brief memorabilia description:	\$ <u>100.00</u>	¥ 100.00	11-504 (f)(1)(i)(1)
Line from		100% of fair market value, up to any applicable statutory limit	
Schedule A/B: 8		any applicable statutory limit	14.0.1.4.70.0.1.1.5.10
Sports & Hobby Equipment - Misc sport and hobby items	\$100.00	\$ 100.00	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
description:	Ψ	100% of fair market value, up to	
Line from Schedule A/B: 9		any applicable statutory limit	
Clothing - Used clothing Brief	\$ 100.00	₽ \$ 100.00	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
description:	\$	100% of fair market value, up to	
Line from Schedule A/B: 11		any applicable statutory limit	
Jewelry - Misc jewelry	100.00	— 100.00	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
description:	\$ <u>100.00</u>	\$ 100.00	
Line from Schedule A/B: 12		100% of fair market value, up to any applicable statutory limit	
Pet(s) - Dog ("Sage") Brief	_{\$} Unknown	□ 100	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
description:	\$	\$\frac{1.00}{100\% of fair market value, up to	
Line from Schedule A/B: 13		any applicable statutory limit	
Cash (Cash on Hand) Brief			Md. Code Ann., [Cts. & Jud. Proc.] §
description:	\$ <u>155.75</u>	\$ 155.75	11-504 (f)(1)(i)(1)
Line from		100% of fair market value, up to any applicable statutory limit	
Schedule A/B: 16			Md. Code Ann., [Cts. & Jud. Proc.] §
Capital One 753 (Checking Account) Brief	\$ 0.49	∨ \$ 0.49	11-504 (f)(1)(i)(1)
description:	*	100% of fair market value, up to	
Line from Schedule A/B: 17.1		any applicable statutory limit	
M&T 101 (Checking Account) Brief	_{\$} 134.12	✓ \$ 134.12	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
description:	\$	100% of fair market value, up to	
Line from Schedule A/B: 17.2		any applicable statutory limit	
Capital One (189) (Checking Account)	_{\$} 48.87	□	Md. Code Ann., [Cts. & Jud. Proc.] § 11-504 (f)(1)(i)(1)
description:	\$ -10.0 7	\$\frac{48.87}{100\% of fair market value, up to	VW WW.1
Line from		any applicable statutory limit	
Schedule A/B: 17.3 M&T 485 (Checking Account)			Md. Code Ann., [Cts. & Jud. Proc.] §
Brief description:	\$338.32	\$ 338.32	11-504 (f)(1)(i)(1)
·		100% of fair market value, up to	
Line from Schedule A/B: 17.4		any applicable statutory limit	

Marcelo P.L. Dessin & Donna M Coleman
First Name Last Name Debtor

Case number (if known) 25-10596

Additional Page

	•	_	
Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
M&T (Savings Account) Brief	05444		Md. Code Ann., [Cts. & Jud. Proc.] §
description:	\$ <u>854.11</u>	\$ <u>854.11</u>	11-504 (f)(1)(i)(1)
Line from Schedule A/B: 17.5		100% of fair market value, up to any applicable statutory limit	
Fidelity/Axion Brief			Md. Code Ann., [Cts. & Jud. Proc.] §
description:	\$0.00	\$ 0.00	11-504 (h)(1)
		100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 21		any approad ordinary min	
Medstar Brief			Md. Code Ann., [Cts. & Jud. Proc.] §
description:	\$Unknown	\$ 1.00	11-504 (h)(1)
		100% of fair market value, up to	
Line from Schedule A/B: 21		any applicable statutory limit	
Johns Hopkins/Transamerica			Md. Code Ann., [Cts. & Jud. Proc.] §
Brief description:	\$338.00	\$ 338.00	11-504 (h)(1)
Line from		100% of fair market value, up to	0
Schedule A/B: 21		any applicable statutory limit	
Prudential retirement annuity \$316.91/mo	_{\$} Unknown	— 100	Md. Code Ann., [Ins.] § 16-111 (a)
description:	\$	\$ 1.00	
I be form		100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: 23		any applicable statutory limit	
Brief		_	
description:	\$	□ \$	
Line from		100% of fair market value, up to any applicable statutory limit)
Line from Schedule A/B:		any applicable statutory infinit	
Brief			
description:	\$	□ \$	
Line from		100% of fair market value, up to any applicable statutory limit	
Schedule A/B:		any approach statutery mine	
Brief	\$	□\$	
description:	Ψ	100% of fair market value, up to	
Line from		any applicable statutory limit	
Schedule A/B:			
Brief	c	□ \$	
description:	\$	100% of fair market value, up to	
Line from		any applicable statutory limit	
Schedule A/B:			
Brief	\$	□ \$	
description:	Ψ	100% of fair market value, up to	
Line from		any applicable statutory limit	
Schedule A/B:			
Brief description:	\$	\$	
		100% of fair market value, up to	
Line from		any applicable statutory limit	
Schedule A/B:			
Brief	\$	□ \$	
description:	Ψ	100% of fair market value, up to	
Line from		any applicable statutory limit	
Schedule A/B:			

		Case 25	-10596	Doc 13	Filed 02/20/25	Page 12 of 49	
Fill in this	information to i	identify your case):				
Debtor 1	Marcelo P.L.	Dessin					
Debioi 1	First Name	Middle Name	Last Name	•			
Debtor 2		1 Coleman					
(Spouse, if	filing) First Name	Middle Name	Last N	lame			
United Stat	es Bankruptcy C	Court for the: Distri	ict of Marylar	nd			
Case numb	oer 25-10596			_			Check if this is an amended
							filing
Officia	I Form 10	06D					
Sche	dule D:	Creditors	Who	Have C	laims Secu	red by Property	12/15
						equally responsible for supplying it to this form. On the top of any	

tion. write your name and case number (if known).

1. Do any creditors have claims secured by your property?	
No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.	

 $\ensuremath{ \ensuremath{ \ensuremath{ \hfill} \ensuremath{ \hfill} }}$ Yes. Fill in all of the information below.

List All Secured Claims				
	e than one secured claim, list the creditor editor has a particular claim, list the other creditors in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Describe the property that secures the claim:	\$ 17,046.35	\$ <u>9,510.00</u>	\$ <u>7,536.35</u>
GM Financial Creditor's Name P O Box 183853	2017 Acura MDX - \$9,510.00			
Number Street Arlington TX 76096	As of the date you file, the claim is: Check all that apply.			
City State ZIP Code Who owes the debt? Check one.	☐ Contingent ☐ Unliquidated			
Debtor 1 only	Disputed			
✓ Debtor 2 only☐ Debtor 1 and Debtor 2 only	Nature of lien. Check all that apply. An agreement you made (such as mortgage or			
At least one of the debtors and another	secured car loan)			
Check if this claim relates to a community debt	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
Date debt was incurred	Other (including a right to offset)			
Date dept was incurred	Last 4 digits of account number 8663			

Marcelo P.	L. Dessin & [Donna A	4 Conte	man	306
First Name	Middle Name	$\mathbf{c}_{\mathbf{q}}$	Name	100	- 0

2.2		Describe the property that secures the claim: \$ 12,825.00	\$ <u>1,181,800.00</u>	\$ 0.00
	Hampshire Greens HOA, Inc.	424 Firestone Dr - \$1,181,800.00	1	
	Creditor's Name	-		
	c/o Lerch Early & Brewer	_		
	Number Street	As of the date you file, the claim is: Check all	_	
	7600 Wisconsin Avenue #700	_ that apply.		
		Contingent		
	Bethesda MD 20814	_		
	City State ZIP Code	✓ Disputed		
	Who owes the debt? Check one.	Nature of lien. Check all that apply.		
	Debtor 1 only	An agreement you made (such as mortgage or		
	Debtor 2 only	secured car loan)		
	Debtor 1 and Debtor 2 only	✓ Statutory lien (such as tax lien, mechanic's lien)		
	At least one of the debtors and another	☐ Judgment lien from a lawsuit		
	Check if this claim relates to a	Other (including a right to offset)		
	community debt	Last 4 digits of account number		
	Date debt was incurred			
2.3		Describe the property that secures the claim: \$ 400,000.00	\$ <u>1,191,710.00</u>	\$ 109,172.11
	Internal Revenue Service	424 Firestone Dr - \$1,181,800.00	7	
	Creditor's Name	- 2017 Acura MDX - \$9,510.00		
	PO Box 7346	2007 Mercedes Benz 350 - \$400.00		
	Number	As of the date you file, the claim is: Check all	_	
	Street Philadelphia PA 19101	that apply.		
	,	Contingent		
	City State ZIP Code Who owes the debt? Check one.	Unliquidated		
	Debtor 1 only	✓ Disputed		
	Debtor 2 only	Sispariou .		
	Debtor 1 and Debtor 2 only	Nature of lien. Check all that apply.		
	At least one of the debtors and another	An agreement you made (such as mortgage or		
	The loads one of the debtors and another	secured car loan) Statutory lien (such as tax lien, mechanic's lien)		
	Check if this claim relates to a	Judgment lien from a lawsuit		
	community debt	Other (including a right to offset)		
	Date debt was incurred			
		Last 4 digits of account number		
2.4		Describe the property that secures the claim: \$ <u>Unknown</u>	\$ 400.00	\$ <u>Unknown</u>
	Marcadas Banz Financial	2007 Mercedes Benz 350 - \$400.00	1	
	Mercedes Benz Financial Creditor's Name	-		
	PO Box 685			
	Number	As of the date you file, the claim is: Check all]	
	Street Roanoke TX 76262	that apply.		
		Contingent		
	City State ZIP Code Who owes the debt? Check one.	Unliquidated		
	Debtor 1 only	✓ Disputed		
	Debtor 2 only	_ Disputou		
	Debtor 1 and Debtor 2 only	Nature of lien. Check all that apply.		
	At least one of the debtors and another	An agreement you made (such as mortgage or secured car loan)		
	Check if this claim relates to a	Statutory lien (such as tax lien, mechanic's lien)		
	community debt	Judgment lien from a lawsuit		
	•	Other (including a right to offset)		
	Date debt was incurred	Last 4 digits of account number 2635		
		J		

Marcelo P.L.	Dessin & [Jorna	M 6	ole	mar	אר	aa	
irst Name	Middle Name	\mathbf{cap}	ast Na	пè	Τ.	7	JU	

	Describe the property that secures the claim:	878,147.11	\$ <u>1,181,800.00</u> \$ <u>0.00</u>
U.S. Bank Trust Company, NA Creditor's Name c/o Select Portfolio Servicing, Inc.	424 Firestone Dr - \$1,181,800.00		
Number Street PO Box 65250	As of the date you file, the claim is: Check all that apply.		
Salt Lake City UT 84165	☐ Contingent ☐ Unliquidated		
City State ZIP Code Who owes the debt? Check one.	☑ Disputed		
Debtor 1 only	Nature of lien. Check all that apply.		
Debtor 2 only	An agreement you made (such as mortgage or secured car loan)		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	Judgment lien from a lawsuit		
Check if this claim relates to a	Other (including a right to offset)		
community debt	Last 4 digits of account number 9689		
Date debt was incurred	•		
		4 000 040 40	
dd the dollar value of your entries in Co	lumn A on this page. Write that number here:	1,308,018.46	
		1,308,018.46	
2: List Others to Be Notified for a Debt	That You Already Listed		
List Others to Be Notified for a Debt this page only if you have others to be ncy is trying to collect from you for a de ilarly, if you have more than one credito		Iready listed in	t the collection agency here.
List Others to Be Notified for a Debt this page only if you have others to be ncy is trying to collect from you for a de ilarly, if you have more than one credito itional persons to be notified for any del Rosenberg & Associates	That You Already Listed notified about your bankruptcy for a debt that you a bt you owe to someone else, list the creditor in Part r for any of the debts that you listed in Part 1, list thots in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter	lready listed in 1: 1, and then list e additional cre	t the collection agency here. ditors here. If you do not hav
this page only if you have others to be ncy is trying to collect from you for a de illarly, if you have more than one credito itional persons to be notified for any del Rosenberg & Associates Creditor's Name	That You Already Listed notified about your bankruptcy for a debt that you a bt you owe to someone else, list the creditor in Part r for any of the debts that you listed in Part 1, list thots in Part 1, do not fill out or submit this page.	lready listed in 1: 1, and then list e additional cre	t the collection agency here. ditors here. If you do not hav
2: List Others to Be Notified for a Debt this page only if you have others to be ncy is trying to collect from you for a de illarly, if you have more than one credito itional persons to be notified for any del Rosenberg & Associates Creditor's Name 4340 East West Highway Ste 600	That You Already Listed notified about your bankruptcy for a debt that you a bt you owe to someone else, list the creditor in Part r for any of the debts that you listed in Part 1, list thots in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter	lready listed in 1: 1, and then list e additional cre	t the collection agency here. ditors here. If you do not hav
2: List Others to Be Notified for a Debt this page only if you have others to be ncy is trying to collect from you for a de illarly, if you have more than one credito itional persons to be notified for any del Rosenberg & Associates Creditor's Name	That You Already Listed notified about your bankruptcy for a debt that you a bt you owe to someone else, list the creditor in Part r for any of the debts that you listed in Part 1, list thots in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter	lready listed in 1: 1, and then list e additional cre	t the collection agency here. ditors here. If you do not hav

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Fill in this information to ide	•				
Debtor 1 First Name Debtor 2 Donna M C	Middle Name Last Name	-			
(Spouse, if filing) First Name	Middle Name	Name			
United States Bankruptcy Cou Case number (if know) 25-10596	in for the. District of Maryia	—			Check if this is an amended filing
Official Form 106	⊏/ ⊏				9
Schedule E/F:		o Have	Unsecured	Claims	12/15
Be as complete and accurate other party to any executory (Official Form 106A/B) and on partially secured claims that a need, fill it out, number the eryour name and case number	contracts or unexpired lea Schedule G: Executory C are listed in Schedule D: C ntries in the boxes on the l	ses that could ontracts and reditors Who	l result in a claim. Also I Unexpired Leases (Offici Have Claims Secured by	ist executory contracts on So ial Form 106G). Do not includ v Property. If more space is n	chedule A/B: Property le any creditors with eeded, copy the Part you
Part 1: List All of Your PF	RIORITY Unsecured Claims	S			
1. Do any creditors have prio	rity unsecured claims aga	inst you?			
☐ No. Go to Part 2.					

✓ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Priority** Total claim Nonpriority amount amount 2.1 Last 4 digits of account number \$ 10,046.00 \$ 73,789.00 \$ 83,835.00 Comptroller of Maryland When was the debt incurred? Priority Creditor's Name 7 St Paul St As of the date you file, the claim is: Check all Number Street that apply. Baltimore MD 21202 Contingent Unliquidated State ZIP Code Disputed Who owes the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only ✓ Taxes and certain other debts you owe the At least one of the debtors and another government ☐ Check if this claim relates to a community Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify ✓ No ☐ Yes

2.2	Internal Revenue Service	Last 4 digits of account number	\$	\$	\$ 50,000.00
	Priority Creditor's Name	When was the debt incurred?	200,000.00	150,000.00	
	PO Box 7346	As of the date you file, the claim is: Check all			
	Number Street	that apply.			
	Philadelphia PA 19101	Contingent			
	City State ZIP Code	Unliquidated			
	Who owes the debt? Check one.	✓ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Domestic support obligations			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the			
	At least one of the debtors and another Check if this claim relates to a community	government			
	debt	Claims for death or personal injury while you were intoxicated			
	Is the claim subject to offset?	Other. Specify			
	✓ No				
	Yes				
Part	2: List All of Your NONPRIORITY Unsecured	Claims			
3 Do	any creditors have nonpriority unsecured claim	s against you?			
	No. You have nothing else to report in this part.				
_	Yes. Fill in all of the information below.	The state of the s			
		e alphabetical order of the creditor who holds each			
	• • • • • • • • • • • • • • • • • • • •	ly for each claim. For each claim listed, identify what ty articular claim, list the other creditors in Part 3.If you ha	•		•
	aims fill out the Continuation Page of Part 2.	Claim, not also sales Grantolo III I alt oill you li	5 o triair t	55	
					Total claim
					TOTAL CIAIIII
4.1	Capital One	Last 4 digits of account number 8119			\$ 4,163.47
	Nonpriority Creditor's Name	When was the debt incurred?			,
	PO Box 30285	As of the date you file, the claim is: Check all that	apply.		
	Number Street	Contingent	- 1,12.7 ,		
	Salt Lake City UT 84130	Unliquidated			
	City State ZIP Code	Disputed			
	Who owes the debt? Check one.	Type of NONDDIODITY			
	Debtor 1 only	Type of NONPRIORITY unsecured claim:			
	Debtor 2 only	Student loans Obligations arising out of a separation agreement of	divorce		
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or that you did not report as priority claims	uivoice		
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other s	imilar		
	Check if this claim relates to a community debt	debts ✓ Other. Specify Credit Card Debt			
	Is the claim subject to offset?	Carlot. Speedly Steam Out Debt			
	✓ No				
	Yes				
4.2	Contara for Advanced Outhonedic-	Last 4 digits of account number			\$ 621.00
	Centers for Advanced Orthopedics Nonpriority Creditor's Name	When was the debt incurred?			Ψ <u>021.00</u>
	c/o First Federal Credit Control	As of the date you file, the claim is: Check all that	apply.		
	Number	Contingent	יניקק.		
	Street 25700 Science Park Rd Ste 370	Unliquidated			
		✓ Disputed			
	Beachwood OH 44122				
	City State ZIP Code	Type of NONPRIORITY unsecured claim:			
	Who owes the debt? Check one.	Student loans Obligations arising out of a separation agreement of	divorce		
	Debtor 1 only	Obligations arising out of a separation agreement or that you did not report as priority claims	uivoice		
	Debtor 2 only	Debts to pension or profit-sharing plans, and other s	imilar		
	Debtor 1 and Debtor 2 only At least one of the debtors and another	debts ✓ Other. Specify Medical Services			
	Check if this claim relates to a community	Carier, Specify Wieulical Scivices			
	debt				
	Is the claim subject to offset?				
	☑ No				
	Yes				

4.3	Clear Bay Utility I LLC	Last 4 digits of account number	\$ Unknown
	Nonpriority Creditor's Name	When was the debt incurred?	
	5 Union Sq W Ste 602	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	New York NY 10003	Unliquidated	
	City State ZIP Code	✓ Disputed	
	Who owes the debt? Check one.		
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	✓ Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	☐ Check if this claim relates to a community	debts	
	debt	Other. Specify	
	Is the claim subject to offset?		
	✓ No		
	Yes		
4.4	EZ Pass Maryland	Last 4 digits of account number	\$ 2,432.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 5060	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Middle River MD 21220	Unliquidated	
	City State ZIP Code	✓ Disputed	
	Who owes the debt? Check one.	.	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	✓ Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community	debts	
	debt	Other. Specify	
	Is the claim subject to offset?		
	✓ No		
	Yes		
4.5	EZ Pass Maryland	Last 4 digits of account number	\$ 1,809.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 5060	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Middle River MD 21220	Unliquidated	
	City State ZIP Code	Disputed	
	Who owes the debt? Check one.		
	✓ Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community	debts	
	debt	Other. Specify	
	Is the claim subject to offset?		
	✓ No		
	☐ Yes		

Debto	Marcelo P.L. Dessin & John M Coleman 59 First Name Middle Name	6 Doc 13 Filed 02/20/25 Page 128-01-149(if known) 25-	10596
4.6	First Made Consider (O'Conse	Last 4 digits of account number 6696	\$ 23,011.00
	First Mark Servives/Citizens Nonpriority Creditor's Name	- When was the debt incurred?	Ψ 25,011.00
	630 Plaza Rd. Ste 650	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Littleton CO 80129	Unliquidated	
	City State ZIP Code	✓ Disputed	
	Who owes the debt? Check one.		
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	✓ Student loans	
	Debtor 1 and Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community	debts	
	debt Is the claim subject to offset?	Other. Specify	
	No		
	Yes		
		Last 4 digits of account number	
4.7	Goldman Sachs Bank USA	- When was the debt incurred?	\$ <u>819.00</u>
	Nonpriority Creditor's Name	when was the dept incurred?	
	Lockbox 6112	As of the date you file, the claim is: Check all that apply.	
	Number	☐ Contingent	
	PO Box 7247	_ Unliquidated	
	Philadelphia PA 19170	✓ Disputed	
		- Type of NONPRIORITY unsecured claim:	
	City State ZIP Code Who owes the debt? Check one.	Student loans	
	Debtor 1 only	Obligations arising out of a separation agreement or divorce	
	Debtor 2 only	that you did not report as priority claims	
	Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
	At least one of the debtors and another	Other. Specify Credit Card Debt	
	Check if this claim relates to a community		
	debt		
	Is the claim subject to offset?		
	No		
	Yes		
4.8	Lending USA	Last 4 digits of account number 2352	\$ 5,151.00
	Nonpriority Creditor's Name	- When was the debt incurred?	
	15021 Ventura Blvd	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Sherman Oaks CA 91403	Unliquidated	
	City State ZIP Code	✓ Disputed	
	Who owes the debt? Check one.	Towns of MONDBIODITY on a sound alsimo	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
	Debtor 1 and Debtor 2 only	that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts Other Specify Monies Leaned / Advanced	
	Is the claim subject to offset?	Other. Specify Monies Loaned / Advanced	
	✓ No		
	Yes		
	_		

.9	Lendmark Fin Servs	Last 4 digits of account number 3801	\$ Unknow
	Nonpriority Creditor's Name	When was the debt incurred?	
	2080 Crain Hwy	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Waldorf MD 20601	_ Unliquidated	
	City State ZIP Code	✓ Disputed	
	Who owes the debt? Check one.	Type of NONDRIGRITY uncocured claims	
	Debtor 1 only	Type of NONPRIORITY unsecured claim: Student loans	
	Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	Debtor 1 and Debtor 2 only	that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts Other Specify Manies Leaned / Advanced	
	Is the claim subject to offset?	Other. Specify Monies Loaned / Advanced	
	✓ No		
	☐ Yes		
\Box		Last 4 digits of account number 6307	
0	Level Up Funding	- When was the debt incurred?	\$ <u>1,000.0</u>
	Nonpriority Creditor's Name		
	142 Red House Rd	As of the date you file, the claim is: Check all that apply.	
	Number Street	☐ Contingent	
	Fort Thompson SD 57339	_ Unliquidated	
	City State ZIP Code	✓ Disputed	
	Who owes the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	Debtor 1 only	Student loans	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts	
	Is the claim subject to offset?	Other. Specify Monies Loaned / Advanced	
	✓ No		
	Yes		
П		Last 4 digits of account number	ф 2 242 C
1	LVNV Funding	- When was the debt incurred?	\$ <u>2,342.0</u>
	Nonpriority Creditor's Name		
	PO Box 1269	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Greenville SC 29602	Unliquidated	
	City State ZIP Code	Disputed	
	Who owes the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	Debtor 1 only	Student loans	
	Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	that you did not report as priority claims	
	=	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts ✓ Other. Specify Credit Card Debt	
	Is the claim subject to offset?	Saler. Speedig Gredit Gard Debt	
			
	—		
	✓ No Yes		

	rist rane mode rane East rane	Ç	
4.12	Mariner Finance	Last 4 digits of account number 7316	\$ Unknown
	Nonpriority Creditor's Name	When was the debt incurred?	+ <u></u>
	8211 Town Center Dr	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Nottingham MD 21236	Unliquidated	
	City State ZIP Code	✓ Disputed	
	Who owes the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	Debtor 1 only	Student loans	
	Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	that you did not report as priority claims	
	Check if this claim relates to a community	Debts to pension or profit-sharing plans, and other similar debts	
	debt	Other. Specify Monies Loaned / Advanced	
	Is the claim subject to offset?		
	✓ No		
	Yes		
4.13	Navient	Last 4 digits of account number	\$ 40,791.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 9500	As of the date you file, the claim is: Check all that apply.	
	Number Street	✓ Contingent	
	Wilkes Barre PA 18773	Unliquidated	
	City State ZIP Code	✓ Disputed	
	Who owes the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	Debtor 1 only Debtor 2 only	✓ Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims	
	Check if this claim relates to a community	Debts to pension or profit-sharing plans, and other similar debts	
	debt	Other. Specify	
	Is the claim subject to offset?		
	✓ No		
	Yes		
4.14	OneMain	Last 4 digits of account number	\$ <u>8,080.00</u>
	Nonpriority Creditor's Name	When was the debt incurred?	
	601 NW 2nd St	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Evansville IN 47708	Unliquidated	
	City State ZIP Code Who owes the debt? Check one.	✓ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar	
	☐ Check if this claim relates to a community	debts	
	debt	Other. Specify Monies Loaned / Advanced	
	Is the claim subject to offset?		
	✓ No Vas		
	Yes		

4.15	Pepco	Last 4 digits of account number 0897	\$ 5,335.48
	Nonpriority Creditor's Name	When was the debt incurred?	ψ <u>σ,σσσ. 1σ</u>
	PO Box 97274	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Washington DC 20090	Unliquidated	
	City State ZIP Code Who owes the debt? Check one.	✓ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community	debts	
	debt Is the claim subject to offset?	Other. Specify Utility Services	
	No		
	Yes		
4.40		Last 4 digits of account number	
4.16	US Trustee	When was the debt incurred?	\$ <u>653.91</u>
	Nonpriority Creditor's Name		
	6305 Ivy Ln Number	As of the date you file, the claim is: Check all that apply.	
	Greenbelt MD 20770	☐ Contingent ☐ Unliquidated	
	City State ZIP Code	Disputed	
	Who owes the debt? Check one.	_ Dispated	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts	
	Is the claim subject to offset?	Other. Specify	
	✓ No		
	Yes		
4.17	Made	Last 4 digits of account number 0001	\$ 2,923.00
	Verizon Nonpriority Creditor's Name	When was the debt incurred?	Ψ <u>2,323.00</u>
	500 Technology Drive Suite 550	As of the date you file, the claim is: Check all that apply.	
	Number Street	Contingent	
	Saint Charles MO 63304	Unliquidated	
	City State ZIP Code Who owes the debt? Check one.	☑ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
	At least one of the debtors and another	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts ✓ Other. Specify Telephone / Internet services	
	Is the claim subject to offset?		
	✓ No		
	Yes		

Marcelo P.L. Dessin & Conna M Coleman 596	Doc 13	Filed 02/20/25	Page 228-onfunt@r(if known)	25-10596

8	Markington Co.	Last 4 digits of account number 3979 \$ 12,982.0
	Washington Gas Nonpriority Creditor's Name	When was the debt incurred?
	6801 Industrial Rd	As of the date you file, the claim is: Check all that apply.
	Number Street	Contingent
	Springfield VA 22151	Unliquidated
	City State ZIP Code	✓ Disputed
	Who owes the debt? Check one.	Type of NONPRIORITY unsecured claim:
	Debtor 1 only Debtor 2 only	Student loans
	Debtor 2 only Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce
	At least one of the debtors and another	that you did not report as priority claims
	Check if this claim relates to a community	Debts to pension or profit-sharing plans, and other similar debts
	debt	✓ Other. Specify Utility Services
	Is the claim subject to offset?	
	✓ No	
	Yes	
9	Wells Fargo	Last 4 digits of account number 9948 \$ 0.00
_	Nonpriority Creditor's Name	When was the debt incurred?
	PO Box 14517	As of the date you file, the claim is: Check all that apply.
	Number Street	Contingent
	Des Moines IA 50306	☐ Unliquidated
	City State ZIP Code	Disputed
	Who owes the debt? Check one.	Time of NONDDIODITY uncessured all-im-
	Debtor 1 only	Type of NONPRIORITY unsecured claim:
	Debtor 2 only	Student loans Obligations arising out of a separation agreement or divorce
	Debtor 1 and Debtor 2 only	that you did not report as priority claims
	At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar
	Check if this claim relates to a community debt	debts ✓ Other. Specify Credit Card Debt
	Is the claim subject to offset?	Other. Specify Credit Card Debt
	✓ No	
	Yes	
0	Wood	Last 4 digits of account number 0000 \$ 2,744.0
	WSSC Nonpriority Creditor's Name	When was the debt incurred?
	14501 Sweitzer Ln	As of the date you file, the claim is: Check all that apply.
	Number Street	Contingent
	Laurel MD 20707	☐ Unliquidated
	City State ZIP Code	☑ Disputed
	Who owes the debt? Check one.	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:
	Debtor 2 only	Student loans
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar
	Check if this claim relates to a community debt	debts Other Specify Utility Services
	Is the claim subject to offset?	✓ Other. Specify Utility Services
	✓ No	
	Yes	
		bar Wara Alam da L'ara d
	LIST Others to Be Notified About a Debt 1	nat fou Alleady Listed
rt 3	3: List Others to Be Notified About a Debt T	`
Jse oll	lection agency is trying to collect from you for ency here. Similarly, if you have more than one	ed about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collectic creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. I for any debts in Parts 1 or 2, do not fill out or submit this page.
Jse oll	lection agency is trying to collect from you for ency here. Similarly, if you have more than one	a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection
Jse oll ige ou	lection agency is trying to collect from you for ency here. Similarly, if you have more than one I do not have additional persons to be notified	a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collectic creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. I
Jse coll ige rou	lection agency is trying to collect from you for ency here. Similarly, if you have more than one I do not have additional persons to be notified Cohn Goldberg & Deutsch	a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collectic creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. I
Jse oll ige ou	lection agency is trying to collect from you for ency here. Similarly, if you have more than one ido not have additional persons to be notified cohn Goldberg & Deutsch treditor's Name	a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collectic creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. I for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor?
Jse coll ige vou	lection agency is trying to collect from you for ency here. Similarly, if you have more than one it do not have additional persons to be notified cohn Goldberg & Deutsch creditor's Name 099 Winterson Rd Ste 301	a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collectic creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. I for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor?
Jse collage cou	lection agency is trying to collect from you for ency here. Similarly, if you have more than one it do not have additional persons to be notified cohn Goldberg & Deutsch freditor's Name 099 Winterson Rd Ste 301	a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collectic creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. I for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Jse coll ige rou C	lection agency is trying to collect from you for ency here. Similarly, if you have more than one it do not have additional persons to be notified cohn Goldberg & Deutsch creditor's Name 099 Winterson Rd Ste 301	a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collectic creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. I for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims

6j.

\$ 114,857.86

6j. Total. Add lines 6f through 6i.

Debtor

Fill in this information to identify your case:							
Debtor 1	Marcelo P.L. [Dessin					
Bostor 1	First Name	Middle Name	Last Name				
Debtor 2	Donna M	Coleman					
(Spouse, if filing) First Name Middle Name Last Name							
United States Bankruptcy Court for the: District of Maryland							
Case number (if know) 25-10596							

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease State what the contract or lease is for

Fill in this i	information to identify your case:	
Debtor 1	Marcelo P.L. Dessin	-
Debtor 2	First Name Middle Name Last Name Donna M Coleman	
	£11:	Name
United State	tes Bankruptcy Court for the: District of Maryla	nd
Case numb	per 25-10596	
(if know)	52-10390	_

Official Form 106H

Schedule H: Your Codebtors

12/15

Check if this is an amended filing

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

2. \ 2. \ 3. I F	California, Idaho, Louisiana, Nevada, New Mexico No. Go to line 3. Yes. Did your spouse, former spouse, or legal en Column 1, list all of your codebtors. Do not if that person is	nmunity p , Puerto F equivalent include y s a guarai	property state or te Rico, Texas, Washir live with you at the our spouse as a contor or cosigner. N	erritory? (Community property states and territories include Arizona, and Wisconsin.)
	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Alexander Dessin Name 24 Firestone Dr Street Ashton City	MD State	20861 ZIP Code	Schedule D, line Schedule E/F, line 4.6 Schedule G, line
3.2	Alexander Dessin Name 24 Firestone Dr Street Ashton City	MD State	20861 ZIP Code	☐ Schedule D, line ✓ Schedule E/F, line 4.13 ☐ Schedule G, line

	ssin					
Pobtor 1 First Name Donna M Colema	Middle Name	Last Name				
ebtor 2 DOTITIA IVI COTETTIA pouse, if filing) First Name	Middle Name	Last Name				
nited States Bankruptcy Court for the:	District of Maryland					
use number 25-10596	ziotilot ol malyiana	•		Chook if th	in in:	
known)				Check if th	ended filing	
					lement showing postpetition ch	apter
					as of the following date:	•
ficial Form 106I				MM / DI	D / YYYY	
chedule I: You	rIncome					12/15
arate sheet to this form. On the	top of any additional pag				ise. If more space is needed, atta nown). Answer every question.	ach a
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spous	е
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed Not employe	ed		Employed Not employed	
Include part-time, seasonal, or self-employed work. Occupation		Histotechnologist				
Occupation may include student or homemaker, if it applies.	Особраноп	Johns Hopki	Johns Hopkins Hospital		Axiom Global Inc	
	Employer's name					
		1800 Orlean	- Ct		33 W Monroe Ste 200	
	Employer's address	Number Street	<u> </u>		Number Street	
		Baltimore, M	/ID 212	287	Chicago, IL 60603	
		City		ZIP Code	City State ZIP	Code
	How long employed the	re? 19 yeard			5 months	
	-	•		•	ite \$0 in the space. Include your no	n-filinç
spouse unless you are separated. If you or your non-filing spouse ha	ve more than one employe					
Estimate monthly income as of to spouse unless you are separated.	ve more than one employe			Fan Dubits 1	Fan Dahten O en	
Estimate monthly income as of t spouse unless you are separated. If you or your non-filing spouse ha	ve more than one employe			For Debtor 1	For Debtor 2 or non-filing spouse	
Estimate monthly income as of t spouse unless you are separated. If you or your non-filing spouse ha	ve more than one employe tach a separate sheet to th ury, and commissions (be	nis form. efore all payroll	2.	For Debtor 1		
Estimate monthly income as of the spouse unless you are separated. If you or your non-filing spouse has below. If you need more space, atto. List monthly gross wages, sala	ve more than one employe tach a separate sheet to th ary, and commissions (be calculate what the monthly	nis form. efore all payroll		\$ 8,638.52	non-filing spouse	
Estimate monthly income as of t spouse unless you are separated. If you or your non-filing spouse ha	ve more than one employe					

			For Debtor 1	For Debtor 2 on non-filing spo	
,	Copy line 4 here	. → 4.	\$ 8,638.52	\$ 12,442	
	List all payroll deductions:	. 7 4.	Φ	Φ,	
o. <u>-</u>		5 -	_{\$} 1,227.16	s 3,874	.30
	5a. Tax, Medicare, and Social Security deductions	5a.	\$ 0.00	Ψ	.00
	5b. Mandatory contributions for retirement plans	5b.	368 67	550	
	5c. Voluntary contributions for retirement plans	5c.	0.00	Ψ	.00
	5d. Required repayments of retirement fund loans	5d.	700.45	\$0 \$ 115	
	5e. Insurance	5e. 5f.	Φ	Ψ	.00
	5f. Domestic support obligations		\$ 0.00 \$ 0.00	Ψ	.00
	5g. Union dues 5h. Other deductions. Specific Disability	5g.	00.00	206	
	5h. Other deductions. Specify: DISADIIIIY	5h.	+\$39.20_	+ \$ 206	.00
		_	\$	\$ \$	
		_	\$ \$	\$ \$	
		_	\$ 2,425.48	s 4,756	
	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5l		Ψ	Ψ	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$6,213.04	\$ <u>7,685</u>	<u>./3</u>
ρ	List all other income regularly received:				
0.	8a. Net income from rental property and from operating a business, profession, or farm				
	Attach a statement for each property and business showing gross				
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	Ψ	.00
	8b. Interest and dividends	8b.	\$0.00_	\$O	.00_
	8c. Family support payments that you, a non-filing spouse, or a depen regularly receive	dent			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	Φ	0.00
	8d. Unemployment compensation	8d.	\$ 0.00	Ψ	.00
	8e. Social Security	8e.	\$_3,293.00_	\$.00
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		s 0.00	s 0	.00
		_	¢ 0.00	\$ 316	93
	8g. Pension or retirement income	8g.	Ψ	Ψ	
	8h. Other monthly income. Specify:	_ 8h.	+ \$ 0.00	- Ψ	.00
9.	Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ 3,293.00	\$316	.93
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 9,506.04	+ \$ 8,002	<u>=</u> \$ <u>17,508.70</u>
	State all other regular contributions to the expenses that you list in <i>Sch</i> Include contributions from an unmarried partner, members of your household friends or relatives.			mmates, and other	
	Do not include any amounts already included in lines 2-10 or amounts that a	re not av	ailable to pay expens	ses listed in <i>Sched</i>	dule J.
	Specify:				11. + \$
	Add the amount in the last column of line 10 to the amount in line 11. T Write that amount on the Summary of Your Assets and Liabilities and Certain			-	12. \$\frac{17,508.70}{200000000000000000000000000000000000
13.	Do you expect an increase or decrease within the year after you file thi ✓ No. ☐ Yes. Explain:	is form?			Combined monthly income

				_		
Fill in this in	nformation to identify	your case:				
Debtor 1	Marcelo P.L. Dessin					
Debtor 2	First Name Donna M Coleman				iling	
(Spouse, if filing	•		me	A supplement	showing post	
United States	Bankruptcy Court for the: 25-10596	District of Maryland	(State)	expenses as o	of the following	date:
Case number (If known)	25-10396			MM / DD / YYYY	,	
Official I	Form 106J			•		
Sched	dule J: Yo	ur Expenses				12/15
information.	If more space is needenswer every question.	ed, attach another sheet to this				-
		senoiu				
	o to line 2. pes Debtor 2 live in a s		for Separate Hous	sehold of Debtor 2.		
			- Tor Copurato From			
-	ve dependents? Debtor 1 and	Yes. Fill out this information	n for Debtor 1 or D		Dependent's age	Does dependent live with you?
	e the dependents'	caon acpendent	Child		22	□ No ✓ Yes
names.			Child		22	No Ves
						No
						Yes
						No Yes
						=
						Yes
expenses	penses include of people other than of your dependents?	V No □ Yes				
Part 2: E	stimate Your Ongoi	ng Monthly Expenses				
Estimate you	r expenses as of your	bankruptcy filing date unless	you are using this	form as a supplement in	a Chapter 13 c	ase to report
-		kruptcy is filed. If this is a supp	plemental Schedu	le J, check the box at the	top of the forn	n and fill in the
applicable da		Design				
_		=	=		Your expe	Does dependent live with you? No Yes No OYes No OYes No OYes No OYes No OYes ONO OY OYES ONO OYES OYES ONO OYES OYES ONO OYES OYES OYES ONO OYES OYES OYES OYES OYES OYES OYES OYE
	or home ownership of the ground or lot.	expenses for your residence. In	clude first mortgage		\$	5,118.13
If not incl	uded in line 4:					0.00
4a. Real	estate taxes			4 a.	\$	
4b. Prop	erty, homeowner's, or r	enter's insurance		4b.	\$	
4c. Hom	e maintenance, repair,	and upkeep expenses		4c.	\$	100.00

4d. Homeowner's association or condominium dues

83.33

4d.

Debtor 1

Marcelo P.L. Dessin & Donna M Coleman

irst Name Middle Name Last Name

		Your e	xpenses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	600.00
6b. Water, sewer, garbage collection	6b.	\$	100.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	200.00
6d. Other. Specify:	6d.	\$	0.00
7. Food and housekeeping supplies	7.	\$	2,000.00
3. Childcare and children's education costs	8.	\$	0.00
e. Clothing, laundry, and dry cleaning	9.	\$	100.00
Personal care products and services	10.	\$	150.00
. Medical and dental expenses	11.	\$	200.00
Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	500.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
Charitable contributions and religious donations	14.	\$	0.00
 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 			
15a. Life insurance	15a.	\$	244.94
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	292.00
15d. Other insurance. Specify:	15d.	\$	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	687.70
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted your pay on line 5, Schedule I, Your Income (Official Form 106I).	from 18.	\$	0.00
Other payments you make to support others who do not live with you.			
Specify:	19.	\$	0.00
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Yo	ur Income.		
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00

Case 25-10596 Doc 13 Filed 02/20/25 Page 30 of 49

Debtor 1	tor 1 Marcelo P.L. Dessin First Name Middle Name Last Name Case number (# kno		umber (if known)	25-10596			
1. Other. Sp	ecify:_Pet expenses			1 ¢	222.00		
Back out socia	security		21.	+\$ +\$	3,293.00		
				+\$			
2. Calculat	your monthly expenses.						
22a. Add	nes 4 through 21.		22a.	\$	13,991.10		
22b. Cop	line 22 (monthly expenses for Deb	ior 2), if any, from Official Form 106J-2 22c. Add li	ne 22a 22b.	\$	· · · · · · · · · · · · · · · · · · ·		
and 22b.	he result is your monthly expenses		22c.	\$	13,991.10		
3. Calculate	our monthly net income.				17.500.70		
23а. Сор	line 12 (your combined monthly in	come) from Schedule I.	23a.	\$	17,508.70		
23b. Cop	your monthly expenses from line 2	2c above.	23b.	-\$	13,991.10		
	ract your monthly expenses from yo	our monthly income.	-	\$	3,517.60		
The	esult is your monthly net income.		23c.				
4. Do you ex	pect an increase or decrease in y	our expenses within the year after you file this	form?				
For examp	e, do you expect to finish paying fo	r your car loan within the year or do you expect yo	ur				
mortgage	ayment to increase or decrease be	cause of a modification to the terms of your mortg	age?				
✓ No.							
Yes.	Explain here:						

P.L. Dessin		
Middle Name	Last Name	
1 Coleman		
Middle Name	Last Name	
	/I Coleman	Middle Name Last Name ### Coleman Middle Name Last Name Court for the District of Maryland

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	o is NOT an attorney to help you fill out bankruptcy forms?
✓ No	
☐ Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
Under penalty of perjury I declare that I ha	ave read the summary and schedules filed with this declaration and
that they are true and correct.	The read the Summary and Schedules med with this declaration and
	🗶 /s/ Donna M Coleman
Signature of Debtor 1	Signature of Debtor 2
Date 02/20/2025	Date 02/20/2025
MM / DD / YYYY	MM / DD / YYYY

Fill in this info	rmation to iden	tify your case:	
Debtor 1	Marcelo P.L. D	essin	
Debioi 1	First Name	Middle Name	Last Name
Debtor 2	Donna M Co	leman	
(Spouse, if filing	g) First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland Case number (if know) 25-10596			

☐ Check if this	is
an amended	
filing	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Give Details About Your Marital Status and	d Where You Lived Befo	re		
1. What	is your current marital status?				
✓ Ma	rried				
☐ No	t married				
2. Durin	g the last 3 years, have you lived anywhere o	ther than where you live	now?		
✓ No					
☐ Ye	s. List all of the places you lived in the last 3 yea	rs. Do not include where y	ou live now.		
	n the last 8 years, did you ever live with a sporty states and territories include Arizona, Californ nsin.)				
✓ No					
☐ Ye	s. Make sure you fill out Schedule H: Your Code	btors (Official Form 106H)			
Part 2:	Explain the Sources of Your Income				
Fill in If you	to be the total amount of income from employment or from the total amount of income you received from all are filing a joint case and you have income that y	jobs and all businesses, i	ncluding part-time activitie	es.	ars?
٠.٠		Debtor 1		Debtor 2	
		Sources of income Check all that apply	Gross income (before deductions and exclusions)	Sources of income Check all that apply	Gross income (before deductions and exclusions)
	rom January 1 of current year until the date ou filed for bankruptcy:	Wages, commissions bonuses, tips	\$ 6,975.90	Wages, commissions bonuses, tips	\$ <u>18,055.00</u>
		Operating a business		Operating a business	
	For last calendar year: January 1 to December 31, 2024	✓ Wages, commissions bonuses, tips	\$ <u>116,727.81</u>	Wages, commissions bonuses, tips	\$ \$ <u>145,841.13</u>
(•	Danidary 1 to December 31, 2024	Operating a business		Operating a business	
	for the calendar year before that:	Wages, commissions bonuses, tips	\$ 308,817.00	Wages, commissions bonuses, tips	s, \$
(,	January 1 to December 31, 2023	Operating a business		Operating a business	
Includ unem	bu receive any other income during this year e income regardless of whether that income is to bloyment, and other public benefit payments; per ambling and lottery winnings. If you are filing a jour 1.	exable. Examples of <i>other</i> rasions; rental income; inte	<i>income</i> are alimony; child rest; dividends; money co	ollected from lawsuits; roya	

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Marcelo P.L. Dessin & Donna M Coleman
First Name Middle Name Last Name

Debtor

List each source and the or	ross income from each source	e separately. Do not include incom	e that you listed in line 4.			
□ No	Saon Source	paramany. Do not morado moonii	,			
Yes. Fill in the details.						
	Debtor 1		Debtor 2			
	Sources of income	Gross income from each	Sources of income	Gross income from each		
	Describe below.	source (before deductions and	Describe below.	source (before deductions and		
		exclusions)		exclusions)		
From January 1 of current year until the date you	Social security	\$ 3,293.00	Pension Annuity	\$ 316.93		
filed for bankruptcy:	Social Security	Ψ 0,233.00	r chaint Annuity	Φ 310.33		
For last calendar year:						
(January 1 to December 31,	Social security	\$ 38,386.00	Unemployment	\$ 6,020.00		
2024			Pension Annuity	\$ 3,803.16		
For the calendar year before that:	Social Security	\$ 30,861.00	Pension Annuity	\$ 3,803.16		
		+,		<u> </u>		
(January 1 to December 31, 2023						
Part 3: List Certain Pay	ments You Made Before Yo	u Filed for Bankruptcy				
6 Are either Debter 1's or F	Nobtor 2'o dobto primarily a	anaumar dahta?				
6. Are either Debtor 1's or D	Debtor 2's debts primarily co	onsumer debts?				
		consumer debts. Consumer debts al, family, or household purpose."	s are defined in 11 U.S.C. § 1	01(8) as		
During the 90 days	s before you filed for bankrupt	ccy, did you pay any creditor a total	of \$7,575* or more?			
☐ No. Go to line 7	No. Go to line 7.					
the total amour	Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.					
* Subject to adjust	* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.					
	tor 2 or both have primarily s before you filed for bankrup	consumer debts. htcy, did you pay any creditor a tota	al of \$600 or more?			
✓ No. Go to line	7.					
creditor.	Do not include payments for d	paid a total of \$600 or more and th domestic support obligations, such s to an attorney for this bankruptcy	as child support and			
include your relatives; any corporations of which you a	general partners; relatives of are an officer, director, person pusiness you operate as a sol	u make a payment on a debt you any general partners; partnerships in control, or owner of 20% or mo e proprietor. 11 U.S.C. § 101. Inclu	of which you are a general preserved from their voting securities; a	partner; nd any managing		
✓ No.						
Yes. List all payments to	o an insider.					
8. Within 1 year before you insider?	filed for bankruptcy, did yo	u make any payments or transfe	r any property on account	of a debt that benefited an		
,	guaranteed or cosigned by a	ın insider.				
✓ No.						
Yes. List all payments t	hat benefited an insider.					
Part 4: Identify Legal Ad	ctions, Repossessions, and	Foreclosures				
		ou a party in any lawsuit, court a all claims actions, divorces, collect				
□ No						
Yes. Fill in the details.						

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Debtor Marcelo P.L. Dessin & Donna M Coleman
First Name Middle Name Last Name

	Nature of the case	Court or agency		Status of the case
Case title: Clear Bay Utility v Coleman Case number: D-06-CV-24-022451	Jnknown; Date filed: 09/09/2024	Montgomery County District Ct Court Name Number Street		✓ Pending ☐ On appeal ☐ Concluded
Case title: Hampshire Green v Coleman Case number: D-06-CV-24-027604	ollection; Date filed: 11/21/2024	City State ZIP Code Montgomery District Court Name Number Street		✓ Pending ☐ On appeal ☐ Concluded
Coop title: Decembers y Decem	Caraologura: Data filad:	City State ZIP Code		- Ronding
	oreclosure; Date filed: 5/22/2023	Montgomery Circuit Court Name Number Street		✓ Pending☐ On appeal☐ Concluded
 10.Within 1 year before you filed for bankruptcy, or Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. 	was any of your property repose Describe the property	ssessed, foreclosed, garnishe	ed, attached, seized	d, or levied? Value of the
	IRS wage levy		02/2024	property \$ 21,775.00
Internal Revenue Service Creditor's Name PO Box 7346 Number Street Philadelphia PA 19101 City State ZIP Code	Explain what happened Property was repossessed Property was foreclosed. Property was garnished. Property was attached, see			<u> </u>
 11.Within 90 days before you filed for bankruptcy from your accounts or refuse to make a payme ✓ No ✓ Yes. Fill in the details 12.Within 1 year before you filed for bankruptcy, a creditors, a court-appointed receiver, a custod 	ent because you owed a debt? was any of your property in the			5
☑ No ☐ Yes				
Part 5: List Certain Gifts and Contributions				
13.Within 2 years before you filed for bankruptcy, ✓ No ─ Yes. Fill in the details for each gift. 14.Within 2 years before you filed for bankruptcy, ✓ No ─ Yes. Fill in the details for each gift or contribution	did you give any gifts or cont			any charity?
Part 6: List Certain Losses				
15.Within 1 year before you filed for bankruptcy o	or since you filed for bankrupto	ey, did you lose anything beca	ause of theft, fire, c	other disaster, or

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Debtor Marcelo P.L. Dessin & Donna M Coleman
First Name Middle Name Last Name

_	No Yes. Fill in the details.					
Pari	t 7: List Certain Payments or 1	Transfers				
16.W aı In	/ithin 1 year before you filed for beingone you consulted about seek include any attorneys, bankruptcy per No	ing bankruptcy or preparing a l	bankruptcy petition?			
✓	Yes. Fill in the details.	Description and	value of any property tra	neferred Date r	aymont or	Amount of
		Description and	value of any property tra		er was	payment
	Chung & Droce DC	\$6000 + \$313 filing	g fee	01/20	025	\$ <u>6,000.00</u> \$
	Chung & Press PC Person Who Was Paid					5
	6718 Whittier Ave					
	Number Street Ste 200					
	Mc Lean VA 22101					
	City State ZIP Code					
	Email or website address					
	Person Who Made the Payment, if Not	You				
18.W pr In	No Yes. Fill in the details. Vithin 2 years before you filed for roperty transferred in the ordinary include both outright transfers and troportion on the include gifts and transfers that No Yes. Fill in the details. Vithin 10 years before you filed for ou are a beneficiary? (These are only No) Yes. Fill in the details.	ry course of your business or fi ansfers made as security (such a at you have already listed on this s or bankruptcy, did you transfer	inancial affairs? Is the granting of a security statement. any property to a self-se	y interest or mortgage on y	your property	
Part	t 8: List Certain Financial Acc	ounts, Instruments, Safe Depos	sit Boxes, and Storage U	Inits		
ci In bi	Jithin 1 year before you filed for blosed, sold, moved, or transferre include checking, savings, money rokerage houses, pension funds. No Yes. Fill in the details.	d? market, or other financial acco	ounts; certificates of dep	oosit; shares in banks, cı		
٧	, 166. I iii iii die details.	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last baland closing or	
	Wells Fargo Name of Financial Institution	XXXX- <u>9 4 2 9</u>	✓ Checking✓ Savings✓ Money market	12/31/2024	\$ <u>Unknov</u>	<u>vn</u>
	Number Street		☐ Brokerage ☐ Other			
	City State ZIP Code					

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Debtor Marcelo P.L. Dessin & Donna M Coleman
First Name Middle Name Last Name

21.Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?
✓ No ☐ Yes. Fill in the details.
22.Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy No Yes. Fill in the details.
Part 9: Identify Property You Hold or Control for Someone Else
23.Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.
✓ No ☐ Yes. Fill in the details.
Part 10: Give Details About Environmental Information
For the purpose of Part 10, the following definitions apply:
Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.
Report all notices, releases, and proceedings that you know about, regardless of when they occurred.
24.Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?
✓ No ☐ Yes. Fill in the details.
25.Have you notified any governmental unit of any release of hazardous material?
✓ No ☐ Yes. Fill in the details.
26.Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.
✓ No
Yes. Fill in the details.
Part 11: Give Details About Your Business or Connections to Any Business
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?
A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
A member of a limited liability company (LLC) or limited liability partnership (LLP)
A partner in a partnership
An officer, director, or managing executive of a corporation
An owner of at least 5% of the voting or equity securities of a corporation
✓ No. None of the above applies. Go to Part 12.☐ Yes. Check all that apply above and fill in the details below for each business.
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.
☑ No. None of the above applies. Go to Part 12.
Yes. Check all that apply above and fill in the details below for each business.

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Debtor Marcelo P.L. Dessin & Donna M Coleman
First Name Middle Name Last Name

Part 12:	Sign Below							
answei in conr	I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.							
	farcelo P.L. Dessin ature of Debtor 1	★ /s/ Donna M Coleman Signature of Debtor 2						
Date	2 02/20/2025	Date <u>02/20/2025</u>						
Did you	u pay or agree to pay someone who is not	an attorney to help you fill out bankruptcy forms?						
✓ No								
Yes.	Name of person	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).						

Fill in this information to identify your case:					
Debtor 1	Marcelo P.L. Des				
	First Name	Middle Name	Last Name		
Debtor 2	Donna M Colema	an			
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E Case number (If known)	Bankruptcy Court for the: 25-10596	District of Maryland	l 		

Check as directed in lines 17 and 21:
According to the calculations required by this Statement:
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
☐ 3. The commitment period is 3 years.
4. The commitment period is 5 years.

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 8,638.52 12,442.25 payroll deductions). 0.00 0.00 3. Alimony and maintenance payments. Do not include payments from a spouse. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you 0.00 0.00 listed on line 3. 5. Net income from operating a business, profession, or Debtor 1 Debtor 2 farm 0.00 0.00 Gross receipts (before all deductions) Ordinary and necessary operating expenses 0.00 - \$ 0.00 Copy Net monthly income from a business, profession, or farm 0.00 0.00 0.00 0.00 here 6. Net income from rental and other real property Debtor 2 0.00 0.00 Gross receipts (before all deductions) 0.00 -Ordinary and necessary operating expenses 0.00 Copy Net monthly income from rental or other real property 0.00 here 0.00 0.00 0.00

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Debtor 1 _

Marcelo P.L. Dessin & Donna M Coleman

Case number	(if known)	25-1	0596

	Column A Debtor 1		Column B Debtor 2 o non-filing	r
7. Interest, dividends, and royalties	\$	0.00	\$	0.00
8. Unemployment compensation	\$	0.00	\$	0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:				
For you\$ 0.00				
For your spouse \$ 2,150.00				
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	t	0.00	\$	316.93
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments receive as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	ed			
	\$	0.00	\$	0.00
	\$	0.00	\$	0.00
Total amounts from separate pages, if any.	+ \$	0.00	+ \$	0.00
Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$8,	638.52	\$ 12,	759.18 = \$\\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(
Part 2: Determine How to Measure Your Deductions from Income				
12. Copy your total average monthly income from line 11.				···· \$ 21,397.70
13. Calculate the marital adjustment. Check one:				Ψ
☐ You are not married. Fill in 0 below.				
✓ You are married and your spouse is filing with you. Fill in 0 below.				
You are married and your spouse is not filling with you.		-		£
Fill in the amount of the income listed in line 11, Column B, that was NOT regular you or your dependents, such as payment of the spouse's tax liability or the spouyou or your dependents.				il
Below, specify the basis for excluding this income and the amount of income dev list additional adjustments on a separate page.	oted to each	purpose. If	necessary,	
If this adjustment does not apply, enter 0 below.				
	\$			
	\$			
	_ +\$		I	
Total	\$	0.00	Copy here	0.00
14. Your current monthly income. Subtract the total in line 13 from line 12.				\$_21,397.70

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Marcelo P.L. Dessin & Donna M Coleman Debtor 1

15.	Calculate your current monthly income for the year. Follow these steps:	
	15a. Copy line 14 here →	\$ <u>21,397.70</u>
	Multiply line 15a by 12 (the number of months in a year).	x 12
	15b. The result is your current monthly income for the year for this part of the form.	\$ <u>256,772.40</u>
16.	Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. MD	
	16b. Fill in the number of people in your household.	
	16c. Fill in the median family income for your state and size of household	<u>\$ 149,759.0</u> 0
17.	How do the lines compare?	
	17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income is not do</i> 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out <i>Calculation of Your Disposable Income</i> (Official Form 122C–2)	
	17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined und</i> 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C–2) On line 39 of that form, copy your current monthly income from line 14 above.	
Pa	calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)	
18.	Copy your total average monthly income from line 11.	\$_21,397.70
19.	Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 19a. If the marital adjustment does not apply, fill in 0 on line 19a.	· — \$ 0.00
	19b. Subtract line 19a from line 18.	= \$ <u>0.00</u> \$ 21,397.70
20.	Calculate your current monthly income for the year. Follow these steps:	
	20a. Copy line 19b	
	Multiply by 12 (the number of months in a year).	\$ <u>21,397.70</u> x 12
	20b. The result is your current monthly income for the year for this part of the form.	\$ 256,772.40
	20c. Copy the median family income for your state and size of household from line 16c	\$ 149,759.00
21.	How do the lines compare?	
	☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, <i>The commitment period is 3 years</i> . Go to Part 4.	
	Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.	

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Debtor 1 Marcelo P.L. Dessin & Donna M Coleman Case number (if known) 25-10596

Part 4:	Sign Below		
	By signing here, under penalty of perjury I declare the	nat the information on this statement and in any attachments is true and correct.	
	✗ /s/ Marcelo P.L. Dessin	✗/s/ Donna M Coleman	
	Signature of Debtor 1	Signature of Debtor 2	
	Date 02/20/2025	Date 02/20/2025	
	MM / DD / YYYY	MM / DD /YYYY	
		MM / DD / YYYY	

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this in	nformation t	o identify you	ır case:					
Dilinit	Marcelo	P.L. Dessir	1					
Debtor 1	First Name		Middle Name	Last Name				
Debtor 2 (Spouse, if filing)		1 Coleman	Middle Name	Last Name				
United States	Bankruptcy C	ourt for the: Dist	ict of Maryland					
Case number			•					
(If known)	20 1000	O				Псь	eck if this is an a	mandad filing
							eck ii this is an a	interiaea illing
Official	Form 1	226 2						
Official								
Chapte	er 13	Calcula	ation of '	Your Disp	osable l	ncome		4/22
				y of <i>Chapter 13 St</i>	atement of Your (Current Monthly In	come and Calcula	ation of
	-	icial Form 12	•	ed people are filing	together both a	re equally recoon	sible for being ac	curate If
more space i	is needed, a	ttach a separa	ate sheet to this	form. Include the I	ine number to wh			
top of any ad	Iditional pag	ges, write you	r name and case	e number (if known).			
Part 1:	Calculate \	our Deduct	ions from You	r Income				
answer th	he question	s in lines 6-15	. To find the IRS	l and Local Standa standards, go onl it the bankruptcy o	ine using the link			
	•		•	ardless of your actua	•	•		
-	lines 5 and 6	-	-	ndards. Do not inclu educt any amounts				
If your exp	enses differ	from month to	month, enter the	average expense.				
			·	se numbers apply to	information requir	ed by a similar form	used in chapter 7	cases
				is the second se		,		
5. The n	umber of pe	ople used in	determining you	r deductions from	income			
				as exemptions on yom you support. This		·		
•		f people in you	•	m you support. This	Trainber may be c	amerent	4	
National	Standards	You must us	e the IRS Nationa	al Standards to ansv	ver the guestions i	n lines 6-7		
Hational		. 04401 43	S IN IN I VALIDITE		.s. the quotions			
				er of people you en g, and other items.	tered in line 5 and	the IRS National		\$2,027.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1

Marcelo P.L. Dessin & Donna M Coleman

viai ocio i	.L. DCSSIII G	Domina ivi	Colonian
First Name	Middle Name	Last Name	1

F	People who are under 65 years of age					
	7a. Out-of-pocket health care allowance per persor	\$83.00				
	7b. Number of people who are under 65	x 2				
	7c. Subtotal. Multiply line 7a by line 7b.	\$_166.00	Copy line	_{\$_} 166.00		
			7c nere 🐷			
	People who are 65 years of age or older					
	7d. Out-of-pocket health care allowance per persor					
	7e. Number of people who are 65 or older	x <u>2</u>	_			
•	7f. Subtotal. Multiply line 7d by line 7e.	\$ <u>316.00</u>	Copy line 7f here	+ \$316.00		
7g. -	Total. Add lines 7c and 7f			\$ <u>482.00</u>	Copy total here \rightarrow 7g.	_{\$} _482.00
					,	
ocal tanda	rds You must use the IRS Local Standards to	answer the question	s in lines 8-15	j.		
acad (on information from the IRS, the U.S. Trustee Pr	ogram has divided	the IRS Loca	l Standard for hou	ising for hankriint	cy nurnosas
	o parts:	ogram nas divided	ille ins Loca	i Standard for flot	ising for bankrupt	cy purposes
Hou	sing and utilities – Insurance and operating exp	enses				
Hous	sing and utilities – Mortgage or rent expenses					
		too Dugayana ahayt "		ant an anline usi	ng the link	
	wer the questions in lines 8-9, use the U.S. Trus					
pecifie	ed in the separate instructions for this form. Thi	s chart may also be	available at	the bankruptcy cl	erk's office.	
ecifie Hou		s chart may also be enses: Using the nur	available at the mber of people	the bankruptcy cl	erk's office.	_{\$} 911.00
House the c	ed in the separate instructions for this form. This sing and utilities – Insurance and operating exp	s chart may also be enses: Using the nur	available at the mber of people	the bankruptcy cl	erk's office.	_{\$} 911.00
Hous the d	ed in the separate instructions for this form. This sing and utilities – Insurance and operating expendillar amount listed for your county for insurance are sing and utilities – Mortgage or rent expenses: 9a. Using the number of people you entered in line is	s chart may also be enses: Using the numer of operating expense 5, fill in the dollar and	available at the mber of people s.	the bankruptcy cl	erk's office.	\$ <u>911.00</u>
Hous	ed in the separate instructions for this form. This sing and utilities – Insurance and operating expending amount listed for your county for insurance are sing and utilities – Mortgage or rent expenses:	enses: Using the numer of operating expense s, fill in the dollar amonses.	available at the mber of people s.	the bankruptcy cl	erk's office.	\$ <u>911.00</u>
Hous	ed in the separate instructions for this form. This sing and utilities – Insurance and operating exp dollar amount listed for your county for insurance ar sing and utilities – Mortgage or rent expenses: 9a. Using the number of people you entered in line is listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgage	enses: Using the number of operating expenses 5, fill in the dollar amounts. as and other debts sees, add all amounts that	available at the mber of people s. Dount cured by t are	the bankruptcy cl	erk's office.	\$ <u>911.00</u>
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Pecification House	ed in the separate instructions for this form. This sing and utilities – Insurance and operating expedollar amount listed for your county for insurance are sing and utilities – Mortgage or rent expenses: 9a. Using the number of people you entered in line so listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgage your home. To calculate the total average monthly payment contractually due to each secured creditor in the bankruptcy. Next divide by 60. Name of the creditor Hampshire Greens HOA, Inc. Internal Revenue Service U.S. Bank Trust Company, NA 9b. Total average monthly payment	s chart may also be enses: Using the number of operating expenses of the interest of the inter	available at a mber of people s. Dunt cured by tare if ille for Copy line 9b here or rent	the bankruptcy cless you entered in line \$ 2,967.00 \$ 5,118.13	Repeat this amoun on line 33a. Copy 9c here	t

Debtor 1

Marcelo P.L. Dessin & Donna M Coleman

		O O	
First Name	Middle Name	Last Name	

11. Local t	ransporta	tion expense	s: Check the number of	f vehicles for which yo	u claim an	ownership or opera	ting expense.	
	0. Go to	_						
	1. Go to	line 12. e. Go to line 1:	2					
	2 01 111010	o. do to line n	L .					
			Ising the IRS Local Star Costs that apply for your				m the operating	<u>\$602.00</u>
vehicle	below. Yo	u may not clai	opense: Using the IRS im the expense if you do more than two vehicles.	o not make any loan o				
Vo	hicle 1	Describe	2007 Mercedes I	Benz 350				
ve	ilicie i	Vehicle 1:	inoperable	20112 000				
138	a. Ownersh	nip or leasing	costs using IRS Local S	Standard	13a.	\$ <u>619.00</u>		
13b	•	, ,	nent for all debts secure	ed by Vehicle 1.				
			or leased vehicles.					
	add all a	mounts that a	ge monthly payment he ire contractually due to ths after you file for ban	each secured				
	Name o	of each creditor	r for Vehicle 1	Average monthly payment				
		Mercedes	Benz Financial	\$_0.00				
				+ \$ 0.00				
		Total aver	rage monthly payment	\$_0.00	Copy here	- \$ <u>0.00</u>	Repeat this amount on line 33b.	
130			nip or lease expense line 13a. If this number	is less than \$0, enter	\$0	\$ <u>619.00</u>	Copy net Vehicle 1 expense here	\$ <u>619.00</u>
Ve	hicle 2	Describe Vehicle 2:	2017 Acura MDX	(
130	i. Ownersh	nip or leasing o	costs using IRS Local S	tandard		\$_619.00		
136	J	,,,	nent for all debts secure for leased vehicles.	ed by Vehicle 2.				
	Name o	of each creditor	r for Vehicle 2	Average monthly				
			GM Financial	payment \$ 332.05				
				\$ 0.00				
		T-4-1		\$ 0.00	Сору	_ _{\$} 332.05	Repeat this amount	
		i otai ave	erage monthly payment	_{\$} 332.05	here 	= \$ <u>332.03</u>	on line 33c.	
13f.			nip or lease expense 13d. If this number is le	ess than \$0, enter \$0.		\$ <u>286.95</u>	Copy net Vehicle 2 expense here	\$ <u>286.95</u>
			se: If you claimed 0 vehince regardless of wheth			al Standards, fill in	the <i>Public</i>	\$ <u>0.00</u>
deduct	a public tra	ansportation e	ion expense: If you cla expense, you may fill in ard for <i>Public Transport</i>	what you believe is the				\$ <u>0.00</u>

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Debtor 1

Marcelo P.L. Dessin & Donna M.Coleman

arceio	P.L. Dessin a	k Donna IVI Coleman	Case number (if known) 25-1058
Cont. N.L.	MC Lillia Managar	Last Name	

Other Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.					
employment taxes, soci your pay for these taxes	ally amount that you actually pay for federal, state and local taxes, such as income taxes, self- ial security taxes, and Medicare taxes. You may include the monthly amount withheld from s. However, if you expect to receive a tax refund, you must divide the expected refund by 12 er from the total monthly amount that is withheld to pay for taxes. ate, sales, or use taxes.	\$ <u>5,101.</u> 47				
17. Involuntary deduction union dues, and uniform	s: The total monthly payroll deductions that your job requires, such as retirement contributions, n costs.					
•	s that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$0.00				
together, include payme	all monthly premiums that you pay for your own term life insurance. If two married people are filing ents that you make for your spouse's term life insurance. In some spouse's life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life rm.	\$ <u>561.89</u>				
19. Court-ordered paymer agency, such as spousa	nts: The total monthly amount that you pay as required by the order of a court or administrative all or child support payments.	\$ 0.00				
Do not include payment	ts on past due obligations for spousal or child support. You will list these obligations in line 35.					
20. Education: The total m ■ as a condition for you	nonthly amount that you pay for education that is either required:	\$ 0.00				
	mentally challenged dependent child if no public education is available for similar services.	\$0.00				
	onthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. ts for any elementary or secondary school education.	\$ <u>0.00</u>				
required for the health a	expenses, excluding insurance costs: The monthly amount that you pay for health care that is and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health le only the amount that is more than the total entered in line 7.	\$ 0.00				
Payments for health ins	surance or health savings accounts should be listed only in line 25.					
you and your dependen service, to the extent ne is not reimbursed by yo Do not include payment	23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.					
24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23.						
Additional Expense Deductions	These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.					
	ability insurance, and health savings account expenses. The monthly expenses for health urance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your					
Health insurance	<u>\$589.10</u>					
Disability insurance	\$ <u>319.80</u>					
Health savings acco	200.00					
Total	\$ <u>908.90</u> Copy total here→	\$ <u>908.90</u>				
Do you actually spend this total amount?						
☐ No. How much do y ☑ Yes	ou actually spend? \$					
continue to pay for the re household or member o	ons to the care of household or family members. The actual monthly expenses that you will reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your immediate family who is unable to pay for such expenses. These expenses may include bunt of a qualified ABLE program. 26 U.S.C. § 529A(b).	\$ <u>0.00</u>				
you and your family und	der the Family Violence Prevention and Services Act or other federal laws that apply. seep the nature of these expenses confidential.	\$_0.00				

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Debtor 1 Marcelo P.L. Dessin & Donna M Coleman
First Name Middle Name Last Name

Case number (if known) 25-10596

28.	Additional home energy costs. Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8. If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.								
29.	Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.								
	* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.								
	Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. You must show that the additional amount claimed is reasonable and necessary.								
	Continuing charitable contributions. instruments to a religious or charitable of Do not include any amount more than 15	rganization. 11 U.S.C. § 548(d)3 and		form of cash or fina	ncial	+ 0.00			
	Add all of the additional expense ded Add lines 25 through 31.	uctions.				\$908.90			
De	ductions for Debt Payment								
33.	33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.								
	To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.								
				Average monthly payment					
	Mortgages on your home								
	33a. Copy line 9b here			\$ <u>5,118.13</u>					
	Loans on your first two vehicles								
	33b. Copy line 13b here			\$ 0.00					
	33c. Copy line 13e here			\$ <u>332.05</u>					
	33d. List other secured debts:								
	Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?						
			□No □Yes	\$_0.00					
			□No □Yes	\$0.00					
			□	+ \$0.00					
	33e. Total average monthly payment	. Add lines 33a through 33d		\$ <u>5,450.18</u>	Copy total	\$ <u>5,450.18</u>			

Debtor 1

Marcelo P.L. Dessin & Donna M Coleman

iai celo i	.L. Dessiii	& Donna IVI Goleman	
First Name	Middle Name	Last Name	

34. Are any debts that your support or the		s secured by your primary reside ependents?	dence, a vehicle	, or oth	er property neces	sary for	
	mount that you must	t pay to a creditor, in addition to t mount). Next, divide by 60 and fil				ssion of	
Name of th	e creditor	Identify property that secures the debt	Total cure amount		Monthly cure amou	unt	
U.S. Ba	nk Trust Comp	424 Firestone Dr	\$ <u>601,614.C</u>	÷ 60 =	\$10,026.90		
			\$	÷ 60 =	= \$	-	
			\$	÷ 60 =	= + \$	-	
				Tot	al \$10,026.90	Cop total here	i <u>\$10,026</u> .90
35. Do you owe any pri filing date of your b		as a priority tax, child support 1 U.S.C. § 507.	t, or alimony— t	hat are	past due as of the		
		hese priority claims. Do not include ou listed in line 19.	de current or ong	joing			
Total amo	Total amount of all past-due priority claims. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
36. Projected monthly	Chapter 13 plan pa	yment		:	\$0.00		
of the United States	Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).						
To find a list of distriction in the separate instructors, office.	et multipliers that including the state of t	ludes your district, go online usin This list may also be available at	g the link specific the bankruptcy	ed X	8.8%	_	
Average monthly administrative expense						Copy total here	\$ <u>0.00</u>
37. Add all of the deduc	ctions for debt pay	ment. Add lines 33e through 36.					\$ <u>18,144.51</u>
Total Deductions from	Income						
38. Add all of the allow	ed deductions.						
Copy line 24, All of the	ne expenses allowed	l under IRS expense allowances		;	\$ 10,591.31		
Copy line 32, All of the	ne additional expens	e deductions		:	\$908.90		
Copy line 37, All of the	ne deductions for de	bt payment		+ 3	\$ 18,144.51	7	
Total deductions				:	\$ 29,644.72	Copy total here →	\$ <u>29,644.72</u>

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Debtor 1

Marcelo P.L. Dessin & Donna M Coleman

Last Name

Middle Name

Case number	(if known)	25-10	596
Case Hullibel	(II KIIOWII)		

So Copy your total current monthly income from line 14 of Form 122C-1, Chapter 19 Statement of Your Current Monthly Income and Calculation of Commitment Period	гаг	Determ	ille fou	i Disposable filcol	ne Under 11 U.S.C.	g 1325(b)(2)				
The monthly average of any child support playments, loster care payments, or disability payments for a dependent child, reported in Part 10 Form 1220-1, that you received in accordance with applicable norbankruptcy law to the extent reasonably necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withhold from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(0)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 545(0)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 545(0)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 545(0)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 767(b)(2)(3). Copy line 38 here \$\frac{30.93.44.72}{2.00.00}\$ 22. Total of all deductions allowed under 11 U.S.C. § 767(b)(2)(A). Copy line 38 here \$\frac{30.93.44.72}{2.00.00}\$ 23. Deduction for special circumstances. It special circumstances and their expenses. You must give you case nustee a detailed explanation of the special circumstances and documentation for the expenses. 24. Total adjustments. Add lines 40 through 43	39.									_{\$21,397} .7
employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) pia. at linequired repayments of loans from retirement plans, as specified in 11 U.S.C. § 542(b)(15). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here	40.	The monthly av payments for a accordance with	erage of a depender applicat	any child support payn nt child, reported in Pa	nents, foster care payments, foster care payments, form 122C-1, tha	ents, or disability t you received in	Iren.	\$ 0.00		
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense \$	41.	employer withhein 11 U.S.C. § 5	eld from v 541(b)(7)	vages as contributions plus all required repay	for qualified retirement	plans, as specified		\$ 928.63	3	
expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense \$	42.	Total of all ded	luctions	allowed under 11 U.S	5.C. § 707(b)(2)(A) . Cop	y line 38 here	→	\$ 29,644	1.72	
\$	43.	expenses and y expenses. You	ou have must give	no reasonable alternate your case trustee a d	ive, describe the specia	l circumstances and		nd		
\$		Describe the spe	ecial circu	mstances			An	nount of exp	ense	
Total \$ 0.00 Copy here \$ 0.00 Copy total \$ 30,573.35 Copy total \$ 4,59,175.65 Copy total \$ 5,0,175.65 Copy total \$ 4,59,175.65 Copy total \$ 5,0,175.65 Copy total \$ 6,0,175.65							\$			
Total \$0.00 Copy here \$0.00 44. Total adjustments. Add lines 40 through 43. \$0.00 \$\$ \$30,573.35 \$\$ \$\$ \$\$ \$0.00\$ 45. Calculate your monthly disposable income under \$ 1325(b)(2). Subtract line 44 from line 39. 46. Change in Income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or decrease? 22C-1								\$		
44. Total adjustments. Add lines 40 through 43							+	\$		
44. Total adjustments. Add lines 40 through 43							. г	0.00	Copy here	
44. Total adjustments. Add lines 40 through 43						101	tal	\$0.00	 → ·	• \$ <u>0.00</u>
46. Change in Income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or decrease?	44.	Total adjustme	ents. Add	lines 40 through 43			→	\$_30,573		= \$ <u>30,573.35</u>
46. Change in Income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or decrease?	45	Coloulate veur	. ma a mathalis	dianaahla inaama	undor \$ 1205/b)/2). Cul	atraat lina 11 fram li	na 20			. 0 175 65
46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or decrease? 22C-1			-			otract line 44 from li	ne sa.			\$-9,173.03
have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Line Reason for change Date of change Increase or decrease? Amount of change	Ра	In 3: Cha	inge in i	ncome or Expense	es —————					
22C-1	46.	have changed of time your case filed your petition	or are virto will be op on, check	ually certain to change en, fill in the information 22C-1 in the first colur	after the date you filed on below. For example, i nn, enter line 2 in the se	your bankruptcy per if the wages reporte econd column, expla	tition ar d increa	nd during the ased after y		
22C-2		Form	Line	Reason for change			Date o	of change		Amount of change
□ 22C-2 □ Decrease □ 22C-1 □ Increase □ 22C-2 □ Decrease □ 22C-1 □ Increase □ 22C-1 □ Increase		_							=	\$
									=	\$
		=							=	\$
		=								\$

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Debtor 1 Marcelo P.L. Dessin & Donna M Coleman
First Name Middle Name Last Name

Last Name

Case number (if known) 25-10596

Part 4:	Sign Below						
By signing he	By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.						
★ /s/ Marcelo P.L. Dessin ★ /s/ Donna M Coleman							
Signature of		Signature of Debtor 2					
	/20/2025 DD /YYYY	Date 02/20/2025 MM / DD / YYYY					